

OUR ADMISSION FORM

Please complete all four sides then sign the last page.

The Data Protection Act and the Education (School Records) Regulations (1989) protect this strictly confidential information, stored on the school's student records database. The information on ethnic origin and first language is needed by the school and by Cambridgeshire County Council (the Children's Services Authority). This is to ensure that resources are made available when required and that the Education Service offers real equality of opportunity for all pupils.

The sections marked * are non-compulsory. If supplied, this information will be shared with Education Welfare Benefit Service, Cambridgeshire County Council, and other relevant bodies administering public funds, who collect and use information about you so that we can provide your child(ren) with entitlement to education benefits under The Education Act 1996.

By signing this form, I confirm I understand that data will be shared as appropriate to enable: determination of the support available; verification of any entitlement to Free School Meals/Pupil Premium; prevention and detection of fraud in connection with any claims; periodic checks by the Education Welfare Benefit Service to confirm entitlement to education benefits.

Full details about how we use this data and the rights you have around this can be found at www.cambridgeshire.gov.uk/privacy. If you have any data protection queries, please contact the Data Protection Officer at data.protection@cambridgeshire.gov.uk.

Legal Surname	(as it appears on child's birth certificate)
Legal Forename	(as it appears on child's birth certificate)
Middle Name(s)	
Preferred Forename	GenderMale / Female
Date of Birth	
Home Address	
Postcode Home telephone n	umber
In Local Authority Care Yes/No If Yes, Name of Care Authorit	у
Name & address of previous school	
If this school is overseas, please give name and address of any previou	" ·

SERVICE CHILDREN IN SCHOOL

Schools are now required to indicate whether a child has a parent(s)/guardian(s) currently serving in regular military units of any of the armed forces, and designated as Personnel Category 1 or 2. Please could you indicate if your child is a 'service child in education' by ticking one of the boxes below.

No	Yes		I do not wish a service children indicator to be recorded	
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CONTACT INFORMATION

Please provide details of three parents/guardians/contacts below and place them in the order you wish them to be contacted in an emergency.

Please tell us if the information changes; we need to be able to contact you quickly if your child is ill.

	PRIORITY 1 CONTACT
TitleSurname	Forename
Relationship to student	
*Date of Birth	*NI Number
Home address	
	Postcode
Home telephone number	Mobile telephone number
Home email	
Work address	
Work email	
	PRIORITY 2 CONTACT
TitleSurname	Forename
Relationship to student	
*Date of Birth	*NI Number
Home address	
	Postcode
Home telephone number	Mobile telephone number
Home email	
Work address	
Work email	
	PRIORITY 3 CONTACT
TitleSurname	Forename
Relationship to student	
*Date of Birth	*NI Number
Home address	
	Postcode
Home telephone number	Mobile telephone number
Home email	
Work address	
Work email	Work telephone number

SEPARATED PARENT INFORMATION – For parents not living with student PRIORITY CONTACT (Please specify contact priority)

	er the 1989 Children's Act all pare plete this section if relevant.	nts have t	the right to receive inforr	nation about their child's progress. Please
Title.	Surname		Forename)
Rela	tionship to student			Parental responsibilityYES / NO
*Dat	e of Birth		*NI Number	
Hom	e address			
			Pc	ostcode
Hom	e telephone number		Home email	
Worl	address		Wor	k email
Worl	telephone number		Mobile tele	phone number
Cour	t Case Yes/No		Address car	n be Disclosed Yes/No
		M	EDICAL DETAILS	
Doct	or		Telephone number	
Addr	ess			
	•	•		de aware, (e.g. asthma, epilepsy, allergies)
•••••				
Plea	se state if your child has a medical	y diagnose	ed food allergy or intolera	nce
Does	s your child have any Special Need	s Provision	n YES / NO	
If YE	S *SEN Support / *EHCP *Stater	nent? (*P	lease delete accordingly	
		PERS	ONAL INFORMATION	
To h	elp us and the local authority in mo	nitoring eq	ual opportunities you are	asked to complete the following:
1.	Country of birth		Nationality	
2.		ır skin colc		k of ourselves. This may be based on many amily history. Ethnic background is not the

White - British	
White - Irish	
White - Traveller of Irish Heritage	
White - Gypsy/Roma	
White - Any other White background	
Mixed - White and Black Caribbean	
Mixed - White and Black African	
Mixed - White and Asian	
Mixed - Any other mixed background	
Asian or Asian British - Indian	
Asian or Asian British - Pakistani	
Asian or Asian British - Bangladeshi	

Any other Asian background (This includes Africa	n
Asian, Nepali, Sinhalese, Sri Lankan Tamil)	
Black or Black British -Caribbean	
Black or Black British -African	
Any other Black background	
Chinese	
Any other ethnic group – please circle one.	
(This includes Afghan, Arab, Egyptian, Filipino	
Iranian, Iraqi, Japanese, Korean, Kurdish, Lati	
American, Lebanese, Libyan, Malay, Mauritiar	
Moroccan, Polynesian, Thai, Vietnamese, Yemeni)
I do not wish an ethnic background to be recorded	

3.	Date of arrival in	UK (if relevant)								
4.	First language			Other lar	nguage(s	s)				
5.	Religion									
6.	If there are any re	eligious or cultural pra	ctices	of which the	e school :	should	d be a	ware, pleas	se spec	cify.
7.	Please give the n	name, gender and date	e of bir	th of any otl	her child	ren in	your f	amily.		
	Name			Date of Birt	th					/lale / Female
	Name			Date of Birt	th					/lale / Female
	Name			Date of Birt	th					/lale / Female
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our nor	students travel to mally uses. Where	nent's Travel to School and from school. We he/she uses more tha r the longest element	e would an one i	d be gratefu mode of tra	ul if you vel for ea	could	tell u	s what mod	de of t	ransport your child
-	School Bus Taxi	Public Transport Bu Car/Van	IS	Bicycle Car Sha	re		Walk Othe			
L ۸ ،		•		•						
•	/ additional informa	ation								
		1.01.4.4			10					
₩h	o will be collecting	your child at the end	of after	noon schoo	ol?					
vVh	o will be collecting			noon schoo						
Wh	Type of Meal School Meal		LUNC		IGEMEN			Thursda		Friday
Wh	Type of Meal School Meal Packed Lunch		LUNC	H ARRAN	IGEMEN	NTS				
Wh	Type of Meal School Meal	Monday	LUNC	H ARRAN uesday	Wed	nesda	У	Thursda		
	Type of Meal School Meal Packed Lunch Home	Monday	Tu Tu	H ARRAN uesday VISITS DU	Wed JRING 1	nesda	у СНО	Thursda	ay	Friday
I giv	Type of Meal School Meal Packed Lunch Home	Monday PERMISSION or my child to be taken	FOR on in sup	uesday VISITS DU	Wed JRING 1	nesda THE S Docal ne	SCHO earby	Thursda OL DAY venues for	ay	Friday tional purposes.
I giv	Type of Meal School Meal Packed Lunch Home	Monday PERMISSION or my child to be taken	FOR n in sup	visits du	JRING 1 oups to lo	nesda THE S cocal ne	SCHO earby	Thursda OL DAY venues for	ay	Friday
I giv	Type of Meal School Meal Packed Lunch Home ve my permission for the med	PERMISSION or my child to be taken	FOR n in sup	VISITS DU	JRING 1 Dups to lo Name	nesda THE S Docal ne	SCHO earby	Thursda OL DAY venues for	educa	Friday tional purposes.
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I given Signification will yes.	Type of Meal School Meal Packed Lunch Home ve my permission for perming and to be use not be named. S/NO	PERMISSION or my child to be taken PI photographs and video	FOR n in superior record I under	VISITS DU pervised gro	JRING 1 oups to lo Name PERMI made of if the ima	nesda THE S cocal ne SSIO my chage can	SCHO earby N nild ar	Thursda OL DAY venues for ad used to s riewed outs	educa support	tional purposes.
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